| Fill in this information to identify your ca | ase: | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA | | |
| Case number (if known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, | David First Name | Jodi First Name |
| | your driver's license or passport). | Allen Middle Name | Lynn Middle Name |
| | | Bupp | Вирр |
| | Bring your picture identification to your meeting | Last Name | Last Name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last 8 | First Name | First Name |
| | years | NOTE: N | NELE N |
| | Include your married or maiden names and any | Middle Name | Middle Name |
| | assumed, trade names and "doing business as" names. | Last Name | Last Name |
| | Do NOT list the name of any separate legal entity such as | First Name | First Name |
| | a corporation, partnership, or LLC that is not filing this | Middle Name | Middle Name |
| | petition. | Last Name | Last Name |
| | | Business name (if applicable) | Business name (if applicable) |
| | | Business name (if applicable) | Business name (if applicable) |

Desc

| | otor 2 David Allen Bupp Jodi Lynn Bupp | | | | Case n | umber (if kn | own) | | | |
|----|------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------|-------------|------------|----------------------------------------------|-------------|------------|----------|----------------|
| | | About Debtor 1: | | | Ak | out Debtor | 2 (Spou | se Only | in a Joi | nt Case): |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>1</u> | _ 1 | 0 1 | _ xx | xx - xx - | | | 4 | 8 |
| | number or federal Individual Taxpayer | OR | | | OF | ₹ | | | | |
| | Identification number (ITIN) | 9xx - xx | | | _ 9x | xx - xx - | | | | |
| 4. | Your Employer Identification Number | | | | <u></u> | | | | | |
| | (EIN), if any. | | | | | | | | | |
| 5. | Whore you live | EIN | | | EII | ∖ Debtor 2 liv | as at a d | ifforont c | ddross | |
| Э. | Where you live | | _ | | 11 1 | Debior 2 IIV | es al a u | illerent a | iuuress | • |
| | | 3108 Sundial Roa | ad | | Nu | mber Stree | et . | | | |
| | | | | | | | | | | |
| | | Dover | PA | 17315 | | | | | | |
| | | City | State | ZIP Code | Cit | у | | State | ZIP C | ode |
| | | York County | | | | County | | | | |
| | | If your mailing add the one above, fill i court will send any r mailing address. | it in here. No | te that the | fro wil | Debtor 2's rom yours, find send any rodress. | II it in he | re. Note | that the | court |
| | | Number Street | | | | Number Street | | | | |
| | | P.O. Box | | | P.0 | D. Box | | | | |
| | | City | State | ZIP Code | Cit | у | | State | ZIP C | ode |
| 6. | Why you are choosing | Check one: | | | CI | neck one: | | | | |
| | this district to file for bankruptcy | Over the last 1 petition, I have than in any oth | lived in this o | | r 🗹 | Over the petition, I than in a | have live | ed in this | | |
| | | I have another (See 28 U.S.C. | | lain. | | I have an (See 28 l | | | olain. | |
| Р | art 2: Tell the Court Al | oout Your Bankrup | otcy Case | | | | | | | |
| 7. | The chapter of the Bankruptcy Code you | Check one: (For a bri for Bankruptcy (Form | • | | | | | - , | | viduals Filing |
| | are choosing to file under | ☑ Chapter 7 | | | | | | | | |
| | | Chapter 11 | | | | | | | | |
| | | ☐ Chapter 12 | | | | | | | | |
| | | Chapter 13 | | | | | | | | |
| | | П 3арког 10 | | | | | | | | |

| Debto Debto | | | | Case number (if kno | wn) |
|----------------|-----------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 8. F | low you will pay the fee | cc pa | rill pay the entire fee when I file murt for more details about how you ry with cash, cashier's check, or more half, your attorney may pay with a c | may pay. Typically, if you ar ney order. If your attorney is | e paying the fee yourself, you may s submitting your payment on your |
| | | | eed to pay the fee in installments dividuals to Pay The Filing Fee in In | • | • |
| | | By th fe | equest that my fee be waived (Yo law, a judge may, but is not require an 150% of the official poverty line to in installments). If you choose this ing Fee Waived (Official Form 103E) | ed to, waive your fee, and m hat applies to your family si s option, you must fill out the | ay do so only if your income is less ze and you are unable to pay the e Application to Have the Chapter 7 |
| | lave you filed for | √ N | | | |
| | pankruptcy within the ast 8 years? | ☐ Ye | S. | | |
| | | District | | When | Case number |
| | | | | | |
| | | District | | When MM / DD / Y | Case number |
| | | District | | When MM / DD / Y | Case number |
| 0. <i>A</i> | Are any bankruptcy | ☑ N | | | |
| | ases pending or being iled by a spouse who is | □ Ye | S. | | |
| n | not filing this case with | Debtor | | Relat | ionship to you |
| - | ou, or by a business partner, or by an | District | | | Case number, |
| а | ffiliate? | | | | YYY if known |
| | | Debtor | | Relat | ionship to you |
| | | District | | When | Case number, |
| | Do you rent your esidence? | ✓ No | o. Go to line 12. s. Has your landlord obtained an o | | |
| | | | No. Go to line 12. Yes. Fill out Initial Statem and file it as part of this ba | • | ment Against You (Form 101A) |

| | tor 1 David Allen Bupp Jodi Lynn Bupp | | | | Case number (| (if known) | |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|
| | Are you a sole proprietor of any full- or part-time business? | ny Bu ☑ □ | No. | Go to Part 4. Name and location of b | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as | | | Name of business, if any Number Street | | | |
| | a corporation, partnership, or LLC. | | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | | City Check the appropriate | box to describe your business. | State | ZIP Code |
| | to this petition. | | | Single Asset Rea Stockbroker (as of | iness (as defined in 11 U.S.C. § al Estate (as defined in 11 U.S.C. § 101(53A) er (as defined in 11 U.S.C. § 10 | C. § 101(51B)) |))) |
| Cha Bar are <i>del</i> def | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business</i> <i>debtor</i> or a debtor as defined by 11 U.S.C. | cho are mos | osing a sma st rece | to proceed under Subch Ill business debtor or you nt balance sheet, statem | the court must know whether y papter V so that it can set approus are choosing to proceed under nent of operations, cash-flow stot exist, follow the procedure in | <i>priate deadlii</i> er Subchapte atement, and | nes. If you indicate that you r V, you must attach your different income tax return |
| | § 1182(1)? | $\overline{\mathbf{V}}$ | No. | I am not filing under C | hapter 11. | | |
| | For a definition of small business debtor, see 11 U.S.C. § 101(51D). | | No. | I am filing under Chap the Bankruptcy Code. | ter 11, but I am NOT a small bu | usiness debto | or according to the definition in |
| | | | Yes. | • | ter 11, I am a small business do | | • |
| | | | Yes. | • | ter 11, I am a debtor according I I choose to proceed under Sub | | - ' ' |
| P | Report If You Ov | vn o | r Hav | e Any Hazardous I | Property or Any Propert | y That Ne | eds Immediate Attentio |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable | | No Yes. | What is the hazard? | | | |
| | hazard to public health or safety? Or do you own any property that needs immediate attention? | | | If immediate attention | is needed, why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is the property? | ? Number Street | | |
| | | | | | | | |
| | | | | | City | | State ZIP Code |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **David Allen Bupp** Debtor 2 Jodi Lynn Bupp

Case number (if known)

| P | art 6: Answer These Q | uest | ions for Reporting Pu | rpos | ses | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------|--|
| 16. | What kind of debts do you have? | 16a | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17. | | | | | |
| | | 16b | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | 16c | . State the type of debts yo | u owe | e that are not consumer or bus | ines | s debts. | |
| 17. | Are you filing under Chapter 7? | | No. I am not filing under | Chap | ter 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | \square | Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded a administrative expenses are paid that funds will be available to distribute to unsecured cr No Yes | | | | | |
| 18. | How many creditors do you estimate that you owe? | | 1-49 50-99 100-199 200-999 | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 | |
| 19. | How much do you estimate your assets to be worth? | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| 20. | How much do you estimate your liabilities to be? | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |

| Debtor 1 | David Allen Bupp | |
|----------|------------------|------------------------|
| Debtor 2 | Jodi Lynn Bupp | Case number (if known) |
| | | • |

Part 7:

Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| X /s/ David Allen Bupp | X /s/ Jodi Lynn Bupp |
|----------------------------|----------------------------|
| David Allen Bupp, Debtor 1 | Jodi Lynn Bupp, Debtor 2 |
| Executed on MM / DD / YYYY | Executed on MM / DD / YYYY |

Desc

Debtor 1 **David Allen Bupp** Debtor 2 Jodi Lynn Bupp Case number (if known) I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about For your attorney, if you are represented by one eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to If you are not represented by the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, an attorney, you do not need certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition to file this page. is incorrect. X /s/ Dorothy L. Mott Date Signature of Attorney for Debtor MM / DD / YYYY **Dorothy L. Mott** Printed name Mott & Gendron Law Firm Name

Desc

| D-Liand David | Allen | Dunn | 1 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1 David First Name | Middle Name | Bupp Last Name | | |
| Debtor 2 Jodi | Lynn | Bupp | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Cou | urt for the: MIDDLE DIS | ST. OF PENNSYLVANIA | | |
| Case number | | | _ | |
| (if known) | | | _ | k if this is an nded filing |
| | | | | g |
| Official Form 106A/B | | | | |
| | • | | | 12/15 |
| Schedule A/B: Prop | erty | | | 12/13 |
| | <u> </u> | ding, Land, or Other Real | Estate You Own or Hav | e an Interest in |
| 1. Do you own or have any | legal or equitable intere | est in any residence, building, la | and, or similar property? | |
| No. Go to Part 2. Yes. Where is the pro | | est in any residence, building, la | and, or similar property? | |
| No. Go to Part 2. ✓ Yes. Where is the pro 1.1. 3108 Sundial Road, Dover, | what is | s the property? all that apply. | | aims on <i>Schedule D:</i> |
| No. Go to Part 2. | what is, PA Check a Sing Dup | s the property? | Do not deduct secured cl amount of any secured cl | |
| No. Go to Part 2. Yes. Where is the production of the production | what is Check a \$67,500 Sing Dup Cor | s the property? all that apply. gle-family home plex or multi-unit building | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair Current value of the | aims on Schedule D: ms Secured by Property. Current value of the |
| No. Go to Part 2. Yes. Where is the pro 1.1. 3108 Sundial Road, Dover, Purchase price 6/14/2001 \$ 12/28/22 CMA \$120,000 York | what is, PA Check a Sing Dup Cor | s the property? all that apply. gle-family home plex or multi-unit building ndominium or cooperative nufactured or mobile home | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair Current value of the entire property? \$120,000.00 | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 |
| No. Go to Part 2. Yes. Where is the property of the property | what is PA Check a \$67,500 Sing Dup Cor Mar Lan | s the property? all that apply. gle-family home plex or multi-unit building indominium or cooperative nufactured or mobile home and estment property | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair Current value of the entire property? | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 |
| No. Go to Part 2. Yes. Where is the property of the property | what is PA Check a \$67,500 Sing Dup Cor Mar Lan | s the property? all that apply. gle-family home plex or multi-unit building indominium or cooperative nufactured or mobile home and estment property neshare | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair Current value of the entire property? \$120,000.00 | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 rour ownership nple, tenancy by the |
| No. Go to Part 2. Yes. Where is the production of the production | what is PA Check a \$67,500 Sing Dup Cor Mar Lan Inve | s the property? all that apply. gle-family home plex or multi-unit building indominium or cooperative nufactured or mobile home ind estment property neshare iner | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair Current value of the entire property? \$120,000.00 Describe the nature of y interest (such as fee sin | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 rour ownership nple, tenancy by the |
| No. Go to Part 2. Yes. Where is the pro 1.1. 3108 Sundial Road, Dover, Purchase price 6/14/2001 \$ 12/28/22 CMA \$120,000 | what is PA Check a \$67,500 Sing Dup Cor Mar Lan Inve | s the property? all that apply. gle-family home plex or multi-unit building indominium or cooperative nufactured or mobile home ind estment property neshare ner as an interest in the property? | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair Current value of the entire property? \$120,000.00 Describe the nature of y interest (such as fee sin entireties, or a life estat | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 rour ownership nple, tenancy by the |
| No. Go to Part 2. Yes. Where is the property of the property | what is Check a \$67,500 Sing Dup Cor Mar Investment Check cor Mho ha Check cor Mho | s the property? all that apply. gle-family home plex or multi-unit building indominium or cooperative nufactured or mobile home ind estment property neshare ner as an interest in the property? one. btor 1 only | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair Current value of the entire property? \$120,000.00 Describe the nature of y interest (such as fee sin entireties, or a life estatement of the entire the company of the com | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 rour ownership nple, tenancy by the e), if known. |
| No. Go to Part 2. Yes. Where is the production of the production | what is Check a \$67,500 Sing Dup Cor Mar Investment Check cor Mar Check cor Debt | s the property? all that apply. gle-family home plex or multi-unit building indominium or cooperative nufactured or mobile home and estment property neshare her as an interest in the property? one. btor 1 only btor 2 only | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair Current value of the entire property? \$120,000.00 Describe the nature of y interest (such as fee sin entireties, or a life estat | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 rour ownership nple, tenancy by the e), if known. |
| No. Go to Part 2. Yes. Where is the process. 1. 108 Sundial Road, Dover, Purchase price 6/14/2001 \$ 12/28/22 CMA \$120,000 | what is Check a Service of the Check a | s the property? all that apply. gle-family home plex or multi-unit building indominium or cooperative nufactured or mobile home ind estment property neshare her as an interest in the property? one. btor 1 only btor 2 only btor 1 and Debtor 2 only | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair. Current value of the entire property? \$120,000.00 Describe the nature of y interest (such as fee sin entireties, or a life estate. Fee Owner Check if this is com (see instructions) | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 rour ownership nple, tenancy by the e), if known. |
| No. Go to Part 2. Yes. Where is the prospective in the prospection of the prospective in | What is Check a Service of the Check a Servic | s the property? all that apply. gle-family home plex or multi-unit building indominium or cooperative nufactured or mobile home ind estment property neshare ner as an interest in the property? one. btor 1 only btor 2 only least one of the debtors and anoth information you wish to add abo | Do not deduct secured cl amount of any secured cl Creditors Who Have Clair. Current value of the entire property? \$120,000.00 Describe the nature of y interest (such as fee sin entireties, or a life estat. Fee Owner Check if this is com (see instructions) | aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$120,000.00 rour ownership nple, tenancy by the e), if known. |

| Debto Debto | _ | avid Allen odi Lynn E | • • | | | Cas | e number (if known) | |
|-------------------------------|-------------------------------|-------------------------------------------|--------------------------------------|----------|-----------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Pai | rt 2: | Describe | Your Vehicles | 5 | | | | |
| you o | own that so | omeone else | e drives. If you lea | ise a v | erest in any vehicles, whether the ehicle, also report it on Schedule G. | - | _ | • |
| | □ No ▼ Yes | | | | | | | |
| 3.1. Make | e: | For | rd | | no has an interest in the property? eck one. | ? | Do not deduct secured clair amount of any secured clair | ms on Schedule D: |
| • • • | | 201 ileage: 75 , | | | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an | other | Current value of the entire property? \$22,285.00 | Current value of the portion you own? |
| (app | rox. 75,0 | plorer Sp 00 miles) JGB25897 | | | Check if this is community prop (see instructions) | erty | | |
| 3.2. Make Mode Year: | el: | For Mu 201 | stang | _ Ch | no has an interest in the property? eck one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | ? | Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the entire property? | ms on <i>Schedule D:</i> |
| Appro | oximate m | ileage: 76, | 000 | | At least one of the debtors and an | other | \$13,537.00 | \$13,537.00 |
| 2015 (app | rox. 76,0 | on: ustang gre 00 miles) 5433800 | een coupe | | Check if this is community prop (see instructions) | erty | | |
| 4. | Watercraf | t, aircraft, r | | | d other recreational vehicles, other atercraft, fishing vessels, snowmobi | | | |
| | | | | | for all of your entries from Part 2 t 2. Write that number here | | _ | \$35,822.00 |
| Pa | rt 3: | Describe | Your Persona | al and | Household Items | | • | |
| | | | | intere | est in any of the following items? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | _ | d furnishings liances, furniture, | linens, | china, kitchenware | | | |
| | ш | Describe | stove, refriger | rator, | 2 recliners, 3 end tables, dinir washer, dryer, microwave, sm linens, miscellaneous househ | oker | , small appliances, | \$880.00 |
| | Electronic Examples | : Television | | | oo, stereo, and digital equipment; co es including cell phones, cameras, r | | • | |
| | □ No ☑ Yes. I | Describe | Television, D\ | /D pla | yer, PS 4, computer, 4 cell pho | ones | | \$425.00 |

| | tor 1 tor 2 | David Allen Bupp Jodi Lynn Bupp Case number (if known) | |
|-----|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 8. | | cibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | |
| | ✓ No ☐ Yes | s. Describe | |
| 9. | | nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| | ☐ No ✓ Yes | s. Describe 3 bicycles | \$75.00 |
| 10. | Firearm Exampl | ns les: Pistols, rifles, shotguns, ammunition, and related equipment | |
| | ☐ No ✓ Yes | s. Describe Handgun, 3 rifles | \$300.00 |
| 11. | □ No | les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | ✓ Yes | s. Describe See continuation page(s). | \$550.00 |
| 12. | Jewelry Exampl | y les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, g gold, silver | gems, |
| | ☐ No ✓ Yes | s. Describe See continuation page(s). | \$375.00 |
| 13. | | rm animals les: Dogs, cats, birds, horses | |
| | ☐ No ✓ Yes | s. Describe 3 dogs | \$0.00 |
| 14. | Any oth | her personal and household items you did not already list, including any health aids you list | |
| | | s. Give specific | |
| 15. | | e dollar value of all of your entries from Part 3, including any entries for pages you have ed for Part 3. Write the number here | \$2,605.00 |
| Б | | | |
| | art 4: you own | Describe Your Financial Assets or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Exampl | les: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file you petition | ur |
| | □ No ✓ Yes | s Cash: | \$100.00 |

| | tor 1 tor 2 | David Allen Jodi Lynn E | | | Ca | ase number (if known) | |
|-----|------------------|-----------------------------------------------------|------------------|----------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|
| 17. | • | _ | houses, and | | accounts; certificates of deposit; shar institutions. If you have multiple acco | | |
| | □ No ☑ Yes | S | | Institution | name: | | |
| | 17 | '.1. Checkin | g account: | Checkin | g account Members 1st | | \$0.00 |
| | 17 | .2. Checkin | g account: | Checkin | g account Members 1st | | \$64.75 |
| | 17 | '.3. Savings | account: | Savings | account Members 1st | | \$5.00 |
| | 17 | .4. Savings | account: | Savings | account Members 1st | | \$6.02 |
| | 17 | .5. Savings | account: | Savings | account Members 1st | | \$257.78 |
| 18. | Examp ✓ No | | ds, investment | t accounts wi | th brokerage firms, money market acco | ounts | |
| | _ | S | | | | | |
| 19. | | iblicly traded rest in an LLC | | | corporated and unincorporated businenture | nesses, including | |
| | ✓ No ☐ Yes | s. Give specifi ormation about m | ic | of entity: | | % of ownership: | |
| 20. | Negotia | able instrument | ts include pers | sonal checks | negotiable and non-negotiable instru , cashiers' checks, promissory notes, a ot transfer to someone by signing or de | and money orders. | |
| | info | s. Give specifi ormation about m | | name: | | | |
| 21. | | nent or pension les: Interests in profit-shar | n IRA, ERISA | , Keogh, 401 | (k), 403(b), thrift savings accounts, or | other pension or | |
| | | s. List each count separate | ly. Type of a | account: | Institution name: | | |
| | | | 401(k) oı | r similar plan | : 401(k) 11 U.S.C. §541 (c)(2) Ex Bankruptcy Estate | cluded from the | \$0.00 |
| 22. | Your sh Examp | | sed deposits y | ou have mad | de so that you may continue service or rent, public utilities (electric, gas, water | | |
| | ☑ No | | | | | | |
| 00 | _ | S | | | nstitution name or individual: | n fan a mund en ef | |
| 23. | Annuit No | | t tor a specific | c periodic pa | yment of money to you, either for life o | or for a number of years) | |
| | | S | Issuer | name and de | escription: | | |

| | otor 1 David Allen Bu otor 2 Jodi Lynn Bup | | Case number (if known |) | |
|-----|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|-----------------------------------------------------------------------------------|
| 24. | Interests in an education 26 U.S.C. §§ 530(b)(1), 52 | IRA, in an account in a qualified ABLE program 9A(b), and 529(b)(1). | , or under a qualified state t | uition prog | ıram. |
| | ✓ No ☐ Yes | Institution name and description. Separately file | the records of any interests. | 11 U.S.C. § | 521(c) |
| 25. | Trusts, equitable or future powers exercisable for y | e interests in property (other than anything liste our benefit | ed in line 1), and rights or | | |
| | ✓ No☐ Yes. Give specific information about ther | 1 | | _ | |
| 26. | Examples: Internet domai | emarks, trade secrets, and other intellectual pro n names, websites, proceeds from royalties and lice | | | |
| | ✓ No☐ Yes. Give specific information about ther | | | | _ |
| 27. | | d other general intangibles s, exclusive licenses, cooperative association hold | lings, liquor licenses, professi | onal license | es |
| | ✓ No✓ Yes. Give specific information about ther | | | - | |
| Моі | ney or property owed to y | ou? | | ŗ | Current value of the portion you own? On not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | | | | |
| | No Yes. Give specific inf | | Amt: \$200.00 | Federal: | \$200.00 |
| | about them, including you already filed the rand the tax years | eturns | | State: _ Local: | \$0.00 \$0.00 |
| 29. | Family support Examples: Past due or lui | np sum alimony, spousal support, child support, ma | aintenance, divorce settlemen | _ | |
| | ✓ No✓ Yes. Give specific inf | ormation | Alimony: | | |
| | | | Maintenar | nce: | |
| | | | Support: | _ | |
| | | | Divorce s | ettlement: _ | |
| | | | Property s | ettlement: | |
| 30. | | owes you disability insurance payments, disability benefits, s Social Security benefits; unpaid loans you made to | | s' | |
| | ✓ No Yes. Give specific inf | ormation | | | |
| | L 103. Give specific IIII | on a contract of the contract | | - | |

| | tor 1 tor 2 | Jodi Lynn Bupp | | | Case number (if k | (nown) |
|-----|-------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|-------------------------|-----------------------------------------------------------------------------------|
| 31. | Example No | • | or life insurance; health savings a | account (HSA); cred | lit, homeowner's, or | renter's insurance |
| | | Name the insurance npany of each policy | e | | | |
| | and | l list its value | Company name: | В | eneficiary: | Surrender or refund value: |
| | | | State Farm term life | <u>w</u> | /ife | \$0.00 |
| | | | Term life through employ | ver W | /ife | \$0.00 |
| 32. | If you a entitled | re the beneficiary of a | at is due you from someone who a living trust, expect proceeds from ecause someone has died | | olicy, or are currently | у |
| | ✓ No ☐ Yes | s. Give specific inform | nation | | | |
| 33. | Exampl | | s, whether or not you have filed a | | a demand for payı | ment |
| | ☐ No ✓ Yes | s. Describe each clair | mClaim v State Farm for | r car damage | | \$0.00 |
| 34. | rights t ✓ No | contingent and unlique o set off claims s. Describe each clair | uidated claims of every nature, in | ncluding counterc | laims of the debto | r and |
| 35. | _ | ancial assets you di | | | | |
| | ✓ No ☐ Yes | s. Give specific inform | nation | | | |
| 36. | | | of your entries from Part 4, included hat number here | | | |
| P | art 5: | Describe Any Bu | usiness-Related Property Y | ou Own or Ha | ve an Interest I | n. List any real estate in Part 1. |
| 37. | Do you | own or have any leg | gal or equitable interest in any b | usiness-related pr | operty? | |
| | بت | Go to Part 6. S. Go to line 38. | | | | |
| | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accour | nts receivable or con | nmissions you already earned | | | · |
| | ✓ No ☐ Yes | s. Describe | | | | |
| 39. | | equipment, furnishin les: Business-related desks, chairs, ele | computers, software, modems, pri | inters, copiers, fax | machines, rugs, tele | ephones, |
| | | s. Describe | | | | |

| | tor 1 tor 2 | David Allen Bupp Jodi Lynn Bupp Case number (if known) | |
|-----|------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 40. | Machin | ery, fixtures, equipment, supplies you use in business, and tools of your trade | |
| | ✓ No ☐ Yes | s. Describe | |
| 41 | Invento | | |
| | ₩ No | •• | |
| | <u> </u> | s. Describe | |
| 42. | Interes | ts in partnerships or joint ventures | |
| | ✓ No | s. Describe Name of entity: % of ownership: | |
| 43. | Custon | ner lists, mailing lists, or other compilations | |
| | ✓ No ☐ Yes | s. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | ı |
| | | ☐ Yes. Describe | |
| 44. | Any bu | siness-related property you did not already list | |
| | ✓ No ☐ Yes | s. Give specific information. | |
| 45. | | e dollar value of all of your entries from Part 5, including any entries for pages you have ed for Part 5. Write that number here | \$0.00 |
| Pá | | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an If you own or have an interest in farmland, list it in Part 1. | n Interest In. |
| 46. | Do you | own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| | | Go to Part 7. s. Go to line 47. | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm a Exampl | nimals les: Livestock, poultry, farm-raised fish | |
| | ✓ No ☐ Yes | | 1 |
| | | | |
| 48. | - | either growing or harvested | |
| | | s. Give specific | |
| 49. | Farm a | nd fishing equipment, implements, machinery, fixtures, and tools of trade | |
| | ✓ No ☐ Yes | S | |

| | otor 1 David Allen Bupp Jodi Lynn Bupp | Case number (if known) |
|-----|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 50. | Farm and fishing supplies, chemicals, and feed | |
| | ✓ No Yes | |
| 51. | Any farm- and commercial fishing-related property you did not already list | |
| | ✓ No ☐ Yes. Give specific information | |
| 52. | Add the dollar value of all of your entries from Part 6, including any entries attached for Part 6. Write that number here | |
| Pa | art 7: Describe All Property You Own or Have an Interest in T | hat You Did Not List Above |
| 53. | Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | |
| | ✓ No✓ Yes. Give specific information. | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that number he | ere→ \$0.00 |
| Pa | art 8: List the Totals of Each Part of this Form | |
| 55. | Part 1: Total real estate, line 2 | → \$120,000.00 |
| 56. | Part 2: Total vehicles, line 5 | 35,822.00 |
| 57. | Part 3: Total personal and household items, line 15 | 32,605.00 |
| 58. | Part 4: Total financial assets, line 36 | \$633.55 |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 |
| 61. | Part 7: Total other property not listed, line 54 | \$0.00 |
| 62. | Total personal property. Add lines 56 through 61 | 29,060.55 Copy personal property total + \$39,060.55 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | \$159,060.55 |

Debtor 1 David Allen Bupp
Jodi Lynn Bupp

11. Clothes (details):
Clothing
Clothing
Clothing
S250.00
Clothing
S300.00

12. Jewelry (details):
Diamond ring and wedding band
Wedding band
S25.00

| Fill in this inf | ormation to i | dentify your | case: | | | | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Debtor 1 | David | Allen | Bupp | | | | | |
| | First Name | Middle Name | | | | | | |
| Debtor 2 (Spouse, if filing) | Jodi First Name | Lynn Middle Name | Bupp e Last Name | | | | | |
| | | | DIST. OF PENNSY | Ι VΔ | NIA | | _ | |
| Case number | | inc. MIDDEL | DIOT. OF TENNOT | | | | Check if this is an amended filing | |
| (if known) | 4000 | | | | | | | |
| Official Form | | arty You Cl | aim as Exemp | \ 1 | | | | 04/22 |
| ochedule C | . The Flop | erty rou or | aiii as Exeinp | | | | | U 4 / ZZ |
| Using the property | you listed on Scill out and attach | <i>hedule A/B: Prop</i> to this page as m | erty (Official Form 10 | 6A/B |) as your sou | urce, list th | esponsible for supplying correct info e property that you claim as exemp essary. On the top of any additional | t. If more |
| is to state a speci exempted up to the receive certain be exemption of 100° | fic dollar amour ne amount of any nefits, and tax-e % of fair market | nt as exempt. Al y applicable stat exempt retireme value under a la | ternatively, you may tutory limit. Some ex nt fundsmay be unl | claii cemp imite mpti | m the full fa otionssuch ed in dollar on to a part | ir market as those amount. I icular doll | you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an lar amount and the value of the le statutory amount. | |
| Part 1: Ide | entify the Pro | perty You Cla | aim as Exempt | | | | | |
| 1. Which set of | exemptions are | you claiming? | Check one only, | even | if your spou | ıse is filing | with you. | |
| ☐ You are | claiming state an | d federal nonban | kruptcy exemptions. | 11 U | .S.C. § 522(| b)(3) | · | |
| You are | claiming federal | exemptions. 11 l | J.S.C. § 522(b)(2) | | | | | |
| 2. For any prop | erty vou list on | Schedule A/B th | at you claim as exer | npt. 1 | fill in the inf | ormation | below. | |
| | | | | | | | | 4: |
| Brief description Schedule A/B that | | | Current value of the portion you own | | ount of the emption you | claim | Specific laws that allow exemp | tion |
| | | | Copy the value from Schedule A/B | | eck only one ch exemptior | | | |
| Brief description: | | | \$120,000.00 | $\overline{\checkmark}$ | \$0. | 00 | 11 U.S.C. § 522(d)(1) | |
| 3108 Sundial Ro Purchase price | 6/14/2001 \$67, | | | | 100% of fa value, up t applicable | o any | | |
| 12/28/22 CMA \$ Parcel: 2400019 | | | | | limit | | | |
| Line from Schedule | e A/B: 1.1 | | | | | | | |
| Brief description: | | | \$22,285.00 | | \$0. | 00 | 11 U.S.C. § 522(d)(2) | |
| 2018 Ford Explo | orer Sport (app | rox. 75,000 | | | 100% of fa | | | |
| miles) 2018 Ford Explo | eror Sport grav | (approx | | | value, up t applicable | - | | |
| 75,000 miles) 1 | | | | | limit | Statutory | | |
| Line from Schedule | | | | | | | | |
| | | | | | | | | |
| • | _ | • | more than \$189,0503 years after that for cas | | led on or afte | er the date | of adjustment.) | |
| | d you acquire the | property covered | d by the exemption wit | hin 1 | ,215 days be | efore you f | iled this case? | |
| □ No □ Yes | ; | | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

Debtor 1 David Allen Bupp
Debtor 2 Jodi Lynn Bupp

Case number (if known)

| Part 2: Additional Page | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|----------------------------------------------------------|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of exemption | | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check only each exemp | | |
| Brief description: 2015 Ford Mustang (approx. 76,000 miles) 2015 Ford Mustang green coupe (approx. 76,000 miles) 1FA6P8TH4F5433800 Line from Schedule A/B: 3.2 | \$13,537.00 | 100% value, | \$0.00 of fair market up to any able statutory | 11 U.S.C. § 522(d)(2) |
| Brief description: 3 beds, 4 dressers, 2 recliners, 3 end tables, dining room table & chairs, stove, refrigerator, washer, dryer, microwave, smoker, small appliances, pots, pans, dishes, linens, miscellaneous household goods Line from Schedule A/B: 6 | \$880.00 | 100% value, | of fair market up to any able statutory | 11 U.S.C. § 522(d)(3) |
| Brief description: Television, DVD player, PS 4, computer, 4 cell phones Line from Schedule A/B: | \$425.00 | 100% value, | of fair market up to any able statutory | 11 U.S.C. § 522(d)(3) |
| Brief description: 3 bicycles Line from Schedule A/B: 9 | \$75.00 | 100% value, | \$75.00 of fair market up to any able statutory | 11 U.S.C. § 522(d)(5) |
| Brief description: Handgun, 3 rifles Line from Schedule A/B:10 | \$300.00 | 100% value, | of fair market up to any able statutory | 11 U.S.C. § 522(d)(5) |
| Brief description: Clothing Line from Schedule A/B:11 | \$250.00 | 100% value, | of fair market up to any able statutory | 11 U.S.C. § 522(d)(3) |
| Brief description: Clothing Line from Schedule A/B:11 | \$300.00 | 100% value, | of fair market up to any able statutory | 11 U.S.C. § 522(d)(3) |
| Brief description: Diamond ring and wedding band Line from Schedule A/B:12 | \$350.00 | 100% value, | of fair market up to any able statutory | 11 U.S.C. § 522(d)(4) |

Debtor 1 David Allen Bupp
Debtor 2 Jodi Lynn Bupp

Case number (if known)

| Part 2: Additional Page | | | | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------|----------|-------------------------------------------------------------------------------------|------------------------------------|
| Schedule A/B that lists this property | Current value of the portion you own | | ount of the mption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | | ck only one box for h exemption | |
| Brief description: Wedding band Line from Schedule A/B: 12 | \$25.00 | | \$25.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(4) |
| Brief description: 3 dogs | \$0.00 | V | \$0.00 100% of fair market value, up to any | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B:13 | | | applicable statutory limit | |
| Brief description: Cash on hand | \$100.00 | I | \$100.00 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B:16 | | | value, up to any applicable statutory limit | |
| Brief description: Checking account Members 1st | \$0.00 | I | \$0.00 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | | | value, up to any applicable statutory limit | |
| Brief description: Savings account Members 1st | \$5.00 | Ø | \$5.00 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from <i>Schedule A/B</i> : | | | value, up to any applicable statutory limit | |
| Brief description: Checking account Members 1st | \$64.75 | Ø | \$64.75 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: | | | value, up to any applicable statutory limit | |
| Brief description: Savings account Members 1st | \$6.02 | Ø | \$6.02 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B:17.4 | | | value, up to any applicable statutory limit | |
| Brief description: Savings account Members 1st | \$257.78 | ☑ | \$257.78 100% of fair market | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 17.5 | | | value, up to any applicable statutory limit | |
| Brief description: 401(k) 11 U.S.C. §541 (c)(2) Excluded from the Bankruptcy Estate Line from Schedule A/B: | \$0.00 | | \$0.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(10)(E) |

Desc

Debtor 1 David Allen Bupp
Debtor 2 Jodi Lynn Bupp

Case number (if known)

| Part 2: Additional Page | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: Anticipated 2022 refund Line from Schedule A/B:28 | \$200.00 | \$200.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5) |
| Brief description: State Farm term life Line from Schedule A/B:31 | \$0.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(7) |
| Brief description: Term life through employer Line from Schedule A/B: 31 | \$0.00 | \$0.00 100% of fair market value, up to any applicable statutory | 11 U.S.C. § 522(d)(7) |

limit

| Fill in this inf | ormation to identi | fy your case: | | | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|
| Debtor 1 | | Allen | Bupp | | | |
| | | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | | Lynn Middle Name | Bupp Last Name | — | | |
| | | MIDDI E DIST | OF PENNSYLVANIA | | | |
| | inkruptcy Court for the. | WIIDDLE DIST. | OF PENNSTEVANIA | · | | |
| Case number (if known) | | | _ | | Check if this is amended filing | |
| 00000 | 1000 | | | | amended ming | J |
| Official Form | <u> </u> | | | | | |
| Schedule D: | Creditors Who | o Have Clai | ms Secured by | Property | | 12/15 |
| correct informatio On the top of any 1. Do any credit No. Che Yes. Fill Part 1: Lis 2. List all secure | an. If more space is no additional pages, write tors have claims secutors this box and submit in all of the information that All Secured Claimed claims. If a creditor | red by your properties form to the control below. | Additional Page, fill it of a case number (if known berty? Dourt with your other scheduler in a secured | out, number the entri vn). edules. You have noth | ly responsible for supples, and attach it to this | is form. |
| creditor has a | creditor separately for e particular claim, list the ible, list the claims in a e. | e other creditors in | n Part 2. As | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | | Describe the secures the o | | \$21,048.47 | \$13,537.00 | \$7,511.47 |
| ALLY Creditor's name PO BOX 130424 Number Street | | — 2015 Ford N — | | | | |
| ROSEVILLE City Who owes the dek Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this of to a community | Debtor 2 only the debtors and another claim relates | Continger Unliquidat Disputed Nature of lien An agreer Statutory Judgment Other (inc | | s mortgage or secured | car loan) | |
| Date debt was inc | urred 1/22 | Last 4 digits | of account number | 4 9 7 6 | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$21,048.47

| Debtor 1 David Allen Bupp Debtor 2 Jodi Lynn Bupp | | _ Case number (if | known) | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|--|
| Part 1: Additional Page After listing any entries on sequentially from the previ | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
| 2.2 BEST EGG CORRESPONDENCE Creditor's name PO BOX 42912 Number Street PHILADELPHIA PA 19101 City State ZIP Code | Describe the property that secures the claim: 3108 Sundial Road, Dover, PA As of the date you file, the claim is: Contingent Unliquidated | \$12,771.86 Check all that apply. | \$120,000.00 | \$12,771.86 | |
| Who owes the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☑ Other (including a right to offset) Account | | | | |
| Date debt was incurred 9/21 | Last 4 digits of account number | 7 1 8 0 | | | |
| EQUIDATION FINANCE CO Creditor's name CORRESPONDENCE Number Street PO BOX 437 | Describe the property that secures the claim: 3108 Sundial Road, Dover, PA | \$24,863.00 | \$120,000.00 | \$3,581.57 | |
| SCHOFIELD WI 54476 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, musult) Judgment lien from a lawsuit Other (including a right to offset) Secured | s mortgage or secured | car loan) | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

Date debt was incurred 8/21

\$37,634.86

Last 4 digits of account number

| Debtor 1 David Al Debtor 2 Jodi Lyn | len Bupp In Bupp | | _ Case number (if | known) | |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|
| Part 1: After lis | onal Page ting any entries on tially from the previo | this page, number them ous page. | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.4 M&T BANK Creditor's name 1100 WEHRLE DRIV Number Street | <u>/E</u> | Describe the property that secures the claim: 2018 Ford Explorer | \$28,220.49 | \$22,285.00 | \$5,935.49 |
| City S Who owes the debt? Debtor 1 only Debtor 2 only Debtor 1 and Debtor | or 2 only debtors and another n relates | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, media) Judgment lien from a lawsuit Other (including a right to offset) Security Agreement | mortgage or secured | car loan) | |
| 2.5 NORTHWEST BANK Creditor's name LOAN SERVICING DE Number Street 100 LIBERTY ST | (| Last 4 digits of account number Describe the property that secures the claim: 3108 Sundial Road, Dover, PA 17315 | 0 0 0 1 \$20,144.57 | \$120,000.00 | |
| PO BOX 337 WARREN P City S Who owes the debt? Debtor 1 only Debtor 2 only Debtor 1 and Debtor | or 2 only debtors and another n relates | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) 2nd Mortgage | mortgage or secured | car loan) | |

Add the dollar value of your entries in Column A on this page. Write that number here:

Date debt was incurred 10/20

\$48,365.06

1 9 1 6

Last 4 digits of account number

| | Case number (i | f known) | |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ge, number them ge. | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| ribe the property that es the claim: | \$78,574.00 | \$120,000.00 | |
| Sundial Road, Dover, PA 5 | | | |
| the date you file, the claim is: | Check all that apply. | | |
| tatutory lien (such as tax lien, me udgment lien from a lawsuit ther (including a right to offset) lortgage | | \$120,000.00 | |
| | | | |
| the date you file, the claim is: (ontingent nliquidated | Check all that apply. | | |
| | ibe the property that es the claim: Sundial Road, Dover, PA the date you file, the claim is: contingent inliquidated isputed e of lien. Check all that apply. In agreement you made (such as attatory lien (such as tax lien, me adgment lien from a lawsuit ther (including a right to offset) ortgage digits of account number ibe the property that es the claim: | ge, number them ge. Column A Amount of claim Do not deduct the value of collateral \$78,574.00 The date you file, the claim is: Check all that apply. In agreement you made (such as mortgage or secured statutory lien (such as tax lien, mechanic's lien) Indigment lien from a lawsuit ther (including a right to offset) Indigate or digits of account number It digits | Amount of claim Do not deduct the value of collateral that supports this claim ible the property that es the claim: Sundial Road, Dover, PA the date you file, the claim is: Check all that apply. In agreement you made (such as mortgage or secured car loan) attutory lien (such as tax lien, mechanic's lien) addigment lien from a lawsuit ther (including a right to offset) ortgage digits of account number 5 2 6 3 ible the property that es the claim: \$0.00 \$120,000.00 |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$78,574.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$185,622.39

| Debtor 1 | David Allen Bupp | | |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----|
| Debtor 2 | Jodi Lynn Bupp | Case number (if known) | |
| Part 2: | List Others to Be Notified for a Debt That Yo | u Already Listed | |
| example, i then list th | age only if you have others to be notified about your bankr f a collection agency is trying to collect from you for a deb ne collection agency here. Similarly, if you have more than ditional creditors here. If you do not have additional perso s page. | t you owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, | |
| Na 43 | EST EGG/SST me st15 PICKETT ROAD mber Street | On which line in Part 1 did you enter the creditor? Last 4 digits of account number | 2.2 |
| _ | | | |

MO

64503 ZIP Code

SAINT JOSEPH City

| | | | | • | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|
| Fill in this inf | ormation to i | dentify your c | ase: | | | |
| Debtor 1 | David | Allen | Вирр | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Jodi | Lynn | Вирр | | | |
| (Spouse, if filing) | | Middle Name | Last Name | | | |
| United States Ba | nkruptcy Court fo | or the: MIDDLE D | IST. OF PENNSYLVANIA | | | |
| Case number | | | | | Charlett Abia | |
| (if known) | | | | L | Check if this amended filing | |
| Official Form | 106E/F | | | | | |
| Schedule E/ | F: Creditor | rs Who Hav | e Unsecured Claims | | | 12/15 |
| Do not include an If more space is n to this page. On t | y creditors with leeded, copy the the top of any ac | partially secured Part you need, fi Iditional pages, w | and on Schedule G: Executory Co I claims that are listed in Schedule ill it out, number the entries in the rrite your name and case number | D: Creditors Who boxes on the left. | Hold Claims Sec | cured by Property. |
| | | | secured Claims | | | |
| 1. Do any credit | tors have priorit | y unsecured claii | ms against you? | | | |
| ✓ No. Go t | to Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| claim. For ea show both pric more space is claim, list the | ch claim listed, ic ority and nonprior s needed for prior other creditors in | dentify what type o rity amounts. As n ity unsecured clair Part 3. | creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a ms, fill out the Continuation Page of e instructions for this form in the instructions | ity and nonpriority ar lphabetical order acc Part 1. If more than ruction booklet. | nounts, list that c ording to the crea one creditor hold | laim here and ditor's name. If s a particular |
| | | | | Total claim | Priority | Nonpriority |
| | | | | | amount | amount |
| 2.1 | | | | | | |
| | | | Last 4 digits of account number | | | |
| Priority Creditor's Nam | ie | | | | - | |
| Number Street | | | When was the debt incurred? | | | |
| | | | As of the date you file, the claim | is: Check all that ap | ply. | |
| | | | Contingent | | | |
| | | | Unliquidated | | | |
| City | State | ZIP Code | Disputed | | | |
| Who incurred the | debt? Check | one. | Type of PRIORITY unsecured cla | aim: | | |
| Debtor 1 only | | | ☐ Domestic support obligations | | | |
| | Debtor 2 only Taxes and certain other debts you owe the government | | | | | |
| ш | Debtor 1 and Debtor 2 only Claims for death or personal injury while you were introvicated | | | | | |
| | claim is for a co | | intoxicated ☐ Other. Specify | | | |
| Is the claim subje | | | | | | |
| □ No | | | | | | |
| Yes | | | | | | |

| Debtor 1 David Allen Bupp Debtor 2 Jodi Lynn Bupp | Case number (if known) | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Part 2: List All of Your NONPRIORITY | Y Unsecured Claims | |
| 3. Do any creditors have nonpriority unsecured | claims against you? | |
| No. You have nothing to report in this part.✓ Yes | Submit this form to the court with your other schedules. | |
| If a creditor has more than one nonpriority unsectype of claim it is. Do not list claims already included | n the alphabetical order of the creditor who holds each claim. ured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in necured claims, fill out the Continuation Page of Part 2. | |
| | Total claim | |
| 4.1 | \$838.0 | 00 |
| APTIVE PEST CONTROL | Last 4 digits of account number | _ |
| Nonpriority Creditor's Name 81 N MAIN ST | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | . ☐ Contingent ☐ Unliquidated | |
| | Disputed | |
| DOVER PA 17315 City State ZIP Code | Turns of NONDDIODITY are assured alsies. | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | Other. Specify Pest Control | |
| Is the claim subject to offset? | Pest Control | |
| ✓ No ☐ Yes | | |
| 4.2 | \$984.0 |)0 |
| CAP1/BASSPRO | Last 4 digits of account number | _ |
| Nonpriority Creditor's Name | When was the debt incurred? 11/19 | |
| PO BOX 30253 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | . Contingent | |
| | Unliquidated | |
| SALT LAKE CITY UT 84130-0253 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Charge Account | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |

Debtor 1 David Allen Bupp Debtor 2 Jodi Lynn Bupp Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$3,544.00 CAPITAL ONE (BANKRUPTCY NOTIFICATION Last 4 digits of account number Nonpriority Creditor's Name 5/10 When was the debt incurred? PO BOX 30285 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed SALT LAKE CITY UT 84130-0285 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit Card Is the claim subject to offset? **☑** No Yes 4.4 \$150.00 **CB/BUCKLE** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5/22 **BK NOTICES** As of the date you file, the claim is: Check all that apply. Number PO BOX 182125 Contingent Unliquidated Disputed **COLUMBUS** OH 43218-2125 Citv State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Charge Account Is the claim subject to offset? ✓ No ☐ Yes 4.5 \$150.00 **CB/VICSCRT** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/20 ATTN: BANKRUPTCY NOTICES As of the date you file, the claim is: Check all that apply. Number Street PO BOX 182125 Contingent Unliquidated Disputed **COLUMBUS** OH 43218-2125 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans □ Debtor 1 only Obligations arising out of a separation agreement or divorce ablaDebtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Charge Account Is the claim subject to offset? ✓ No Yes

Debtor 1 David Allen Bupp Debtor 2 Jodi Lynn Bupp Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.6 \$306.00 CCB/ULTA Last 4 digits of account number Nonpriority Creditor's Name 9/20 When was the debt incurred? **BANKRUPTCY NOTICES** As of the date you file, the claim is: Check all that apply. Street PO BOX 183043 Contingent Unliquidated Disputed **COLUMBUS** 43218-3043 OH ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Charge Account Is the claim subject to offset? **☑** No Yes 4.7 \$979.00 Last 4 digits of account number CREDITONE BANK Nonpriority Creditor's Name When was the debt incurred? 8/22 **CUSTOMER BILLING AND CORRESPONDEN** As of the date you file, the claim is: Check all that apply. PO BOX 98873 Contingent Unliquidated Disputed **LAS VEGAS** 89193-8873 NV City State **7IP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? ✓ No ☐ Yes 4.8 \$8,070.00 **FNB OMAHA** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11/21 1620 DODGE STREET As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **OMAHA** NE 68197 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Credit Card Is the claim subject to offset? ✓ No Yes

Debtor 1 David Allen Bupp Debtor 2 Jodi Lynn Bupp Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.9 \$1,488,00 KOHLS/CAPONE Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/20 **COLLECTION DEPARTMENT** As of the date you file, the claim is: Check all that apply. **PO BOX 3084** Contingent Unliquidated Disputed **MILWAUKEE** 53201 WI ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Charge Account Is the claim subject to offset? **☑** No Yes 4.10 \$20,788.00 **LENDING CLUB** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8/21 71 STEVENSON, STE 300 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed 94105-2985 SAN FRANCISCO CA City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Unsecured Is the claim subject to offset? ✓ No ☐ Yes 4.11 \$3,610.00 MARINER FINANCE LLC Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8/22 **BK NOTICES** As of the date you file, the claim is: Check all that apply. Number **8211 TOWN CENTER DRIVE** Contingent Unliquidated Disputed **NOTTINGHAM** MD 21236 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Unsecured Is the claim subject to offset? **☑** No Yes

Debtor 1 David Allen Bupp Debtor 2 Jodi Lynn Bupp Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$4,448,00 MERRICK BANK COURT NOTICES Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3/12 PO BOX 9201 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed **OLD BETHPAGE** 11804 NY State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit Card Is the claim subject to offset? **☑** No Yes 4.13 \$6,358.34 **SRVFINCO** Last 4 digits of account number 9 1 5 7 Nonpriority Creditor's Name When was the debt incurred? 10/21 555 S FEDERAL HWY As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **BOCA RATON** FL 33432 Citv State **7IP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Home Improvement** Is the claim subject to offset? ✓ No Yes 4.14 \$1,281.00 SYNCB/AMAZON Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 12/19 PO BOX 965015 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **ORLANDO** FL 32896 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Charge Account Is the claim subject to offset? ✓ No Yes

Debtor 1 David Allen Bupp Debtor 2 Jodi Lynn Bupp Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.15 \$232.00 SYNCB/AMEG Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8/22 PO BOX 965005 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed **ORLANDO** FL 32896 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Charge Account Is the claim subject to offset? **☑** No Yes 4.16 \$2,086.00 SYNCB/LAZBOY Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/21 **BK NOTICES** As of the date you file, the claim is: Check all that apply. Number PO BOX 965061 Contingent Unliquidated Disputed **ORLANDO** FL 32896-5061 Citv State **7IP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Charge Account Is the claim subject to offset? ✓ No ☐ Yes 4.17 \$2,224.00 SYNCB/LOWES Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7/17 PO BOX 965004 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **ORLANDO** FL 32896-5004 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Charge Account Is the claim subject to offset? ✓ No Yes

Debtor 1 David Allen Bupp Debtor 2 Jodi Lynn Bupp Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.18 \$3,424.00 SYNCB/LOWES Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5/20 PO BOX 965004 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed **ORLANDO** FL 32896-5004 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Charge account canc by crdt grantor Is the claim subject to offset? **☑** No Yes 4.19 \$596.00 SYNCB/SAM'S Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/22 PO BOX 965005 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **ORLANDO** FL 32896 Citv State **7IP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Charge Account Is the claim subject to offset? ✓ No ☐ Yes 4.20 \$1,010.00 TDRC/RENOVAT Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8/22 1000 MACARTHUR BLVD As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **MAHWAH** NJ 07430 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans □ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Charge Account Is the claim subject to offset? ✓ No Yes

Debtor 1 **David Allen Bupp** Debtor 2 Jodi Lynn Bupp Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.21 \$9,076.00 **UPGRADE INC** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 9/21 2 NORTH CENTRAL AVE, 10TH FL As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed **PHOENIX** 85004 ΑZ City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Line of Credit** Is the claim subject to offset? **☑** No Yes 4.22 \$1,150.00 **WELLSPAN HEALTH** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? ATTN PATIENT BILLING As of the date you file, the claim is: Check all that apply. Number Street **1001 SOUTH GEORGE STREET** Contingent Unliquidated Disputed YORK PA 17405 State ZIP Code Citv Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Medical Is the claim subject to offset? ✓ No

Yes

| Debtor 2 | Jodi Lynn Bupp | Case number (if known) |
|-------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part 3: | List Others to Be Notified A | About a Debt That You Already Listed |
| For ex- credito debts t | ample, if a collection agency is tryin or in Parts 1 or 2, then list the collect | e notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. g to collect from you for a debt you owe to someone else, list the original tion agency here. Similarly, if you have more than one creditor for any of the eadditional creditors here. If you do not have additional parties to be notified for submit this page. |
| Name PO BOX 6 | FINANCE COMPANY LLC 45772 Street | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |

- Last 4 digits of account number

Debtor 1

CINCINNATI City

David Allen Bupp

ОН

State

45264

ZIP Code

Add the Amounts for Each Type of Unsecured Claim Part 4:

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|--------------------------|-----|---------------------------------------------------------------------------------------------------------|-------------------------------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. \$0.00 |
| | 6b. | Taxes and certain other debts you owe the government | 6b. \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | ^{6d.} +\$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. \$0.00 |
| | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | ^{6i.} + \$72,792.34 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. \$72,792.34 |

| Fill in this in | nformation to i | dentify your case | : | |
|--------------------------------|------------------------------|----------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Debtor 1 | David | Allen | Вирр | |
| Dobto: 1 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing | Jodi g) First Name | Lynn Middle Name | Bupp Last Name | |
| United States E | Bankruptcy Court fo | or the: MIDDLE DIST. | OF PENNSYLVA | NIA |
| Case number (if known) | | | | Check if this is an amended filing |
| Official Form | m 106G | | | |
| | | y Contracts and | d Unevnired | Leases 12/1 |
| on the top of an | y additional page | s, write your name an | d case number (if k | l it out, number the entries, and attach it to this page. nown). |
| □ No. Ch | neck this box and f | ile this form with the co | urt with your other so | chedules. You have nothing else to report on this form. s are listed on Schedule A/B: Property (Official Form 106A/B). |
| is for (for e | | icle lease, cell phone). | • | stract or lease. Then state what each contract or lease s for this form in the instruction booklet for more examples of |
| Person | or company with | whom you have the co | ontract or lease | State what the contract or lease is for |
| | GE SENSE | | | _ Storage space |
| | OX RUN ROAD | | | Contract to be ASSUMED |
| Number | Street | | | |

PA State **17315** ZIP Code

DOVER City

| Fill in this inf | ormation to i | identify your case | : | |
|------------------------------------------------|-------------------|---------------------|-----------------|-----------------|
| Debtor 1 | David | Allen | Bupp | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Jodi | Lynn | Bupp | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | | | | |
| United States Bar Case number (if known) | nkruptcy Court fo | or the: MIDDLE DIST | OF PENNSYLVANIA | ☐ Check if this |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. | Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) ✓ No ─ Yes |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) |
| | ✓ No. Go to line 3. |
| | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? |
| | _ No |
| | ☐ Yes |
| 3. | In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the |
| | person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use |
| | Schedule D, Schedule E/F, or Schedule G to fill out Column 2. |
| | Column 1: Your codebtor Column 2: The creditor to whom you owe the c |
| | Check all schedules that apply: |

Official Form 106H Schedule H: Your Codebtors page 1

| Fill in this inforn | nation to ide | entify your case: | | | | |
|--------------------------------------------------------|----------------------------|----------------------------|--------------------------------------|---------------------------------------------------|------------------------------------------------|------------------------------------------|
| Debtor 1 | David First Name | Allen Middle Name | Bupp Last Name | | Check if this is: | |
| Debtor 2 (Spouse, if filing) | Jodi First Name | Lynn Middle Name | Bupp Last Name | | An amended filing | |
| United States Bank | ruptcy Court for | r the: MIDDLE DIS | T. OF PENNSYLVA | NIA [| A supplement showing chapter 13 income a | ng postpetition s of the following date: |
| Case number (if known) | | | | | MM / DD / YYYY | |
| Official Form 10 | <u> </u> | | | | | |
| Schedule I: Yo | ur Incom | е | | | | 12/15 |
| Part 1: Descr 1. Fill in your emploinformation. | ibe Employi | ment | | | | |
| If you have more job, attach a sepa with information a | rate page E bout | Employment status | Debtor 1 ✓ Employed ✓ Not employed | | Debtor 2 or non-fi ✓ Employed ☐ Not employed | |
| additional employ | ers. | Occupation | Machine Operato | or | Warehouse Prof | essional |
| Include part-time, or self-employed | d | Employer's name | YAZOO MILLS IN | IC | CHEWY INC PATE GARNISHMENT | |
| Occupation may i student or homen applies. | - | Employer's address | 305 COMMERCE Number Street | STREET | 7700 WEST SUN Number Street | IRISE BLVD |
| | | | NEW OXFORD | PA 17350 State Zip Code | PLANTATION City | FL 33322 State Zip Code |
| | ŀ | low long employed t | _ | | 8 months | |
| | • | . Jp, 34 | | | | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|-----------------------------------|
| 2. | List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$5,471.39 | \$3,176.03 |
| 3. | Estimate and list monthly overtime pay. | 3. + | \$0.00 | \$0.00 |
| 4. | Calculate gross income. Add line 2 + line 3. | 4. | \$5,471.39 | \$3,176.03 |

Official Form 106I Schedule I: Your Income page 1
Case 1:23-bk-00134-HWV Doc 1 Filed 01/24/23 Entered 01/24/23 17:03:00 Desc
Main Document Page 40 of 67

| | | r | or Deptor 1 | non-filin | nor 2 or ng spouse | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|---------------------|-----------------------|----------|------------------------|
| | Copy line 4 here | 4 . | \$5,471.39 | | 176.03 | _ | |
| 5. | List all payroll deductions: | | | | · | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$620.09 | \$ | 529.27 | | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | \$0.00 | | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | \$0.00 | | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | \$ | 204.48 | | |
| | 5e. Insurance | 5e. | \$108.44 | | \$0.00 | | |
| | 5f. Domestic support obligations | 5f. | \$0.00 | | \$0.00 | | |
| | 5g. Union dues | 5g. | \$0.00 | | \$0.00 | | |
| | 5h. Other deductions. Specify: See continuation sheet | 5h. + | \$82.69 | | \$68.98 | | |
| 6. | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$. | 6. | \$811.22 | \$ | 802.73 | | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$4,660.17 | \$2, | 373.30 | | |
| 8. | List all other income regularly received: | | | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | 8a. | \$0.00 | | \$0.00 | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | |
| | 8b. Interest and dividends | 8b. | \$0.00 | | \$0.00 | | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | \$0.00 | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | |
| | 8d. Unemployment compensation | 8d. | \$0.00 | | \$0.00 | | |
| | 8e. Social Security | 8e. | \$0.00 | | \$0.00 | | |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 01 | *** | | 40.00 | | |
| | Specify: | _ 8f. | \$0.00 | | \$0.00 | | |
| | 8g. Pension or retirement income | 8g. | \$0.00 | | \$0.00 | | |
| | 8h. Other monthly income. Specify: | _ 8h. + _ | \$0.00 | | \$0.00 | | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$0.00 | | \$0.00 | _ | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$4,660.17 | +\$2, | ,373.30 | = | \$7,033.47 |
| 11. | State all other regular contributions to the expenses that you list in a linclude contributions from an unmarried partner, members of your house friends or relatives. | | | r roommate | es, and oth | ner | |
| | Do not include any amounts already included in lines 2-10 or amounts the | at are no | t available to pay | expenses li | sted in Sch | hedi | |
| | Specify: | | | | 11. | + | \$0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie if it applies. | . The reses and Ce | sult is the combine ertain Statistical Inf | d monthly ormation, | 12. | (| \$7,033.47 Combined |
| 13. | Do you expect an increase or decrease within the year after you file | this forn | m? | | | | nonthly income |
| | ✓ No. None. | | | | | | |
| | Yes. Explain: | | | | | | |
| | | | | | | | |

| 5h. | Other Payroll Deductions (details) | For D | ebtor 1 | For Debtor 2 or non-filing spouse |
|-----|------------------------------------|---------|---------|-----------------------------------|
| | Local / SUI | | \$75.08 | \$1.91 |
| | LST / City | | \$4.33 | \$41.60 |
| | SUI/LST | | \$3.28 | \$4.50 |
| | Grp Accident | | | \$10.26 |
| | Grp Hospital | | | <u>\$10.71</u> |
| | | Totals: | \$82.69 | \$68.98 |

| Fi | II in this inform | ation to ide | entify your case: | | | | | |
|-------------|-----------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------|----------------------|--------------------------------------|---------|----------------------------------------------------------|----------------------------------|
| | Debtor 1 | David First Name | Allen Middle Name | Bup Last N | | _ 🗖 . | k if this is: An amended filing A supplement showi | ing postpetition |
| l | Debtor 2 Spouse, if filing) | Jodi First Name | Lynn Middle Name | Bup Last N | | - | chapter 13 expense following date: | • |
| ι | Jnited States Bankr | uptcy Court for | the: MIDDLE DIST. | OF PENN | SYLVANIA | _ ; | MM / DD / YYYY | |
| ı | Case number if known) | | | | | | | |
| | icial Form 10 | 6J | | | | | | |
| | hedule J: Yo | | ses | | | | | 12/15 |
| corr nam | ect information. If se and case number | more space i er (if known). | ssible. If two married pos s needed, attach anothe Answer every question | er sheet to | | - | | |
| 1. | Is this a joint case | be Your Ho | usenoia | | | | | |
| 2. | No. Go to line Yes. Does D No | e 2. ebtor 2 live in c. Debtor 2 mu | a separate household? st file Official Form 106J ■ No | | · | | | |
| | Do not list Debtor | 1 and | Yes. Fill out this inf for each dependent | | Dependent's related Debtor 1 or Debt | | to Dependent age | 's Does dependent live with you? |
| | Debtor 2. | | | | Daughter | | 15 | ─ |
| | Do not state the de names. | ependents' | | | Son | | 13 | No Yes No |
| | | | | | | | | |
| 3. | Do your expenses expenses of peop yourself and your | le other than | ✓ No □ Yes | | | | | ── ☐ Yes |
| Pa | art 2: Estima | nte Your On | going Monthly Exp | enses | | | | |
| to re | | of a date after | pankruptcy filing date u the bankruptcy is filed te. | - | - | | | |
| | | | cash government assis it on Schedule I: Your II | - | | f | Your expe | enses |
| 4. | | | expenses for your residence and any rent for the groun | | | | 4. | \$661.88 |
| | If not included in | line 4: | | | | | | |
| | 4a. Real estate ta | axes | | | | | 4a | \$232.00 |
| | 4b. Property, hom | neowner's, or re | enter's insurance | | | | 4b | \$50.00 |
| | 4c. Home mainte | nance, repair, a | and upkeep expenses | | | | 4c | \$100.00 |
| | 4d. Homeowner's | association or | condominium dues | | | | 4d | |

Case number (if known)

| | Your expe | enses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5 | \$130.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a | \$210.00 |
| 6b. Water, sewer, garbage collection | 6b | \$90.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c | \$327.00 |
| 6d. Other. Specify: | 6d. | |
| . Food and housekeeping supplies | 7. | \$1,400.00 |
| 3. Childcare and children's education costs | 8. | |
|). Clothing, laundry, and dry cleaning | 9. | \$200.00 |
| 0. Personal care products and services | 10. | \$200.00 |
| 1. Medical and dental expenses | 11. | \$630.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$660.00 |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$200.00 |
| 4. Charitable contributions and religious donations | 14. | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | \$55.00 |
| 15b. Health insurance | 15b. | |
| 15c. Vehicle insurance | 15c. | \$183.00 |
| 15d. Other insurance. Specify: | 15d | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | |
| 7. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 2018 Ford Explorer | 17a. | \$545.69 |
| 17b. Car payments for Vehicle 2 2015 Ford Mustang | 17b. | \$399.74 |
| 17c. Other. Specify: Storage Sense | 17c. | \$85.00 |
| 17d. Other. Specify: Foundation Finance / Best Egg | 17d. | \$661.51 |
| 8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · |
| 19. Other payments you make to support others who do not live with you. Specify: | 19. | |

| | otor 1 otor 2 | David Allen Bupp Jodi Lynn Bupp | Case number (if known) | |
|-----|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|
| 20. | | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | |
| | 20a. | Mortgages on other property | 20a | |
| | 20b. | Real estate taxes | 20b | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d | |
| | 20e. | Homeowner's association or condominium dues | 20e | |
| 21. | Other | . Specify: | 21. + | |
| 22. | Calcu | late your monthly expenses. | | |
| | 22a. | Add lines 4 through 21. | 22a | \$7,020.82 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c | \$7,020.82 |
| 23. | Calcu | late your monthly net income. | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. <u> </u> | \$7,033.47 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. _ | \$7,020.82 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c | \$12.65 |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after you | u file this form? | |
| | | xample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortga | . , | |
| | = | No. Yes. Explain here: None. | | |

| Fill in this inf | ormation to i | dentify your case | : | | |
|---------------------|-------------------|---------------------|-----------------|----------|--|
| Debtor 1 | David | Allen | Вирр | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Jodi | Lynn | Bupp | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States Bar | nkruptcy Court fo | or the: MIDDLE DIST | OF PENNSYLVANIA | <u> </u> | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Р | art 1: Summarize Your Assets | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| | | Your assets Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | \$120,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$39,060.55 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$159,060.55 |
| Р | art 2: Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$185,622.39 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$72,792.34 |
| | Your total liabilities | \$258,414.73 |
| P | art 3: Summarize Your Income and Expenses | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$7,033.47 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$7,020.82 |

Desc

| | otor 1 otor 2 | David Allen Bupp Jodi Lynn Bupp | Case number (if known) | |
|----|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----|
| P | art 4: | Answer These Questions for Administrative and Statist | tical Records | |
| 6. | Are yo | u filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | □ No ✓ Ye | b. You have nothing to report on this part of the form. Check this box and es | submit this form to the court with your other schedules. | |
| 7. | What k | ind of debt do you have? | | |
| | | our debts are primarily consumer debts. Consumer debts are those "inc mily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for sta | | |
| | | bur debts are not primarily consumer debts. You have nothing to report s form to the court with your other schedules. | t on this part of the form. Check this box and submit | |
| 8. | | he Statement of Your Current Monthly Income: Copy your total current r Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14 | fo 647 / | 42 |
| 9. | Copy t | he following special categories of claims from Part 4, line 6 of Schedu | ıle E/F: | |
| | | | Total claim | |
| | From P | Part 4 on Schedule E/F, copy the following: | | |

| From Part 4 on Schedule E/F, copy the following: | |
|------------------------------------------------------------------------------------------------------------------------------|---------|
| 9a. Domestic support obligations. (Copy line 6a.) | \$0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 |
| 9d. Student loans. (Copy line 6f.) | \$0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$0.00 |
| 9g. Total. Add lines 9a through 9f. | \$0.00 |

Desc

| Fill in this inf | | | | | |
|------------------------|---------------------|----------------------|-------------------|---|---------|
| Debtor 1 | David First Name | Allen Middle Name | Bupp Last Name | _ | |
| Debtor 2 | Jodi | Lynn | Bupp | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ | |
| United States Bar | nkruptcy Court fo | or the: MIDDLE DIST | OF PENNSYLVANIA | _ | |
| Case number (if known) | | | | | Check i |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone who is NOT | an attorney to help you fill out bankruptcy forms? |
| ☑ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have read true and correct. | I the summary and schedules filed with this declaration and that they are |
| | |
| X /s/ David Allen Bupp | X /s/ Jodi Lynn Bupp |
| David Allen Bupp, Debtor 1 | Jodi Lynn Bupp, Debtor 2 |
| Date | Date |
| MM / DD / YYYY | MM / DD / YYYY |

| Debtor 1 | David First Name | Allen Middle Name | Bupp Last Name | | |
|---------------------|---------------------|----------------------|-------------------|---|--|
| Debtor 2 | Jodi | Lynn | Вирр | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| | 107 | | | J | |
| | 107 | | | | |
| Official Form | | | | | |

Cive Details About Vous Marital Status and Where You Lived Before

| l | ariti: Give Details About Your Marital Status and Where You Lived Before |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | What is your current marital status? ✓ Married Not married |
| | During the last 3 years, have you lived anywhere other than where you live now? ✓ No ✓ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |
| | Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) |
| | ✓ No✓ Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H). |

1.

2.

3.

04/22

| ebtor 1 David Allen Bupp ebtor 2 Jodi Lynn Bupp | | Case nur | mber (if known) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------|
| Part 2: Explain the Sources of Y | Your Income | | | |
| Did you have any income from employs Fill in the total amount of income you recell f you are filing a joint case and you have | eived from all jobs and all bu | sinesses, including par | t-time activities. | lendar years? |
| ☐ No ☐ Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions |
| rom January 1 of the current year until ne date you filed for bankruptcy: | ₩ages, commissions, bonuses, tips | \$3,957.60 | Wages, commissions, bonuses, tips | \$2,954.5 |
| | Operating a business | | Operating a business | |
| or last calendar year: | Wages, commissions, bonuses, tips | \$66,042.51 | ₩ Wages, commissions, bonuses, tips | \$23,891.3 |
| lanuary 1 to December 31, 2022) | Operating a business | | Operating a business | |
| or the calendar year before that: | Wages, commissions, bonuses, tips | \$101.00 | Wages, commissions, bonuses, tips | |
| anuary 1 to December 31, 2021) | Operating a business | | Operating a business | |
| Include income regardless of whether that unemployment; and other public benefit pund gambling and lottery winnings. If you Debtor 1. List each source and the gross income from No Yes. Fill in the details. | ayments; pensions; rental in are filing a joint case and yo | come; interest; dividen ou have income that yo | ds; money collected from la u received together, list it o | wsuits; royalties; |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | Sources of income Describe below. | Gross income from each source (before deductions and exclusions |
| rom January 1 of the current year until ne date you filed for bankruptcy: | | | | |
| or last calendar year: lanuary 1 to December 31, 2022 | | | | |
| or the calendar year before that: | Unemployment Comp | \$3,426.00 | | |

| Debtor 1 Debtor 2 | David Allen Jodi Lynn B | | | | | Case number (if knov | vn) |
|--------------------------------------------|----------------------------|------------|--------------------|----------------------|-----------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| Part 3: | List Certa | in Paym | ents You Ma | de Before \ | ou Filed for Ba | nkruptcy | |
| 6. Are eith | ner Debtor 1's | or Debtor | 2's debts prima | rily consume | r debts? | | |
| □ No. | | | - | - | i mer debts. Consui nily, or household pu | | d in 11 U.S.C. § 101(8) as |
| | During the 9 | 00 days be | fore you filed for | bankruptcy, di | d you pay any credit | or a total of \$7,575* | or more? |
| | ☐ No. Go | to line 7. | | | | | |
| | tot | al amount | you paid that cre | ditor. Do not i | nclude payments for | nore in one or more poor domestic support obattorney for this bank | oligations, such as |
| | * Subject to | adjustmer | it on 4/01/25 and | every 3 years | after that for cases | filed on or after the d | ate of adjustment. |
| ∀ Yes | . Debtor 1 or | Debtor 2 | or both have pri | marily consu | mer debts. | | |
| V | | | | | | or a total of \$600 or r | more? |
| | ☐ No. Go | · | · | , , | | | |
| | cre | editor. Do | not include paym | ents for dome | | e and the total amou ons, such as child su case. | • |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| SPS | | | | - | | \$78,574.00 | _ Mortgage |
| ATTN: BAN Number Street BOX 65 | IKRUPTCY Deet 5250 | DEPT UT | 84165 | \$661.88 m - - | onthly | | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other |
| City | | State | ZIP Code | - Dates of | Total amount | Amount you | Was this payment for |
| | | | | payment | paid | still owe | True une payment form |
| ALLY Creditor's name PO BOX 13 Number Stre | 0424 | | | - \$399.74 m - | onthly | \$21,447.00 | _ |
| ROSEVILL | E | MN | 55113-0004 | _ | | | Other |
| City | | State | ZIP Code | Dates of payment | Total amount | Amount you still owe | Was this payment for |
| M&T BANK | (| | | _ | | \$28,257.00 | Mortgage |
| Creditor's name 1100 WEHI Number Str | RLE DRIVE | | | - \$545.69 m - | onthly | | Car Credit card Loan repayment |
| WILLIAMS ¹ | /ILLE | NY | 14221 | - | | | ☐ Suppliers or vendors ☐ Other |

WILLIAMSVILLE City

State

ZIP Code

Desc

| ebtor 2 | Jodi Lynn I | Вирр | | | | Case number (if kno | wn) |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | G CORRESP | ONDENC | E | | | \$12,771.86 | _ ☑ Mortgage |
| reditor's na | | | | \$374 mon | thly | | ☐ Car |
| Umber S | 42912 Street | | | _ | - | | ☐ Credit card |
| | | | | | | | Loan repayment |
| | | | | | | | ☐ Suppliers or vendors |
| HILADE | LPHIA | PA | 19101 | _ | | | Other |
| ity | | State | ZIP Code | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| OUNDA | TION FINANC | E CO | | | | \$24,863.00 | ✓ Mortgage |
| reditor's na | | | | — \$288 mon | thly | | Car |
| | PONDENCE | | | | ш | | ☐ Credit card |
| | Street | | | | | | Loan repayment |
| O BOX | 43/ | | | <u> </u> | | | Suppliers or vendors |
| CHOFIE | ם ו | WI | 54476 | | | | — |
| | | **1 | 344/0 | | | | → Other |
| ity . Within Inside corpo | n 1 year before ers include your rations of which | State you filed f relatives; a you are an | ZIP Code for bankruptcy ny general part officer, director | ners; relatives o r, person in cont | f any general partne rol, or owner of 20% | rs; partnerships of whor more of their voting | e who was an insider? hich you are a general partner; ng securities; and any managing |
| . Within Inside corporagent such a | n 1 year before ers include your rations of which , including one f as child support o es. List all payr n 1 year before ited an insider | State you filed f relatives; a you are an for a busine and alimor ments to an you filed f ? | ZIP Code for bankruptcy, iny general part officer, director ess you operate ny. insider. for bankruptcy | ners; relatives o r, person in cont as a sole propri | f any general partne rol, or owner of 20% etor. 11 U.S.C. § 10 | rs; partnerships of w or more of their voti 11. Include payments | e who was an insider? hich you are a general partner; ng securities; and any managing |
| . Within Inside corporagent such a | n 1 year before ers include your rations of which, including one f as child support o es. List all payr n 1 year before ited an insider le payments on | State you filed f relatives; a you are an for a busine and alimor ments to an you filed f debts guara | ZIP Code for bankruptcy iny general part officer, director ess you operate ny. insider. for bankruptcy anteed or cosig | ners; relatives o r, person in cont as a sole propri , did you make ned by an inside | f any general partne rol, or owner of 20% etor. 11 U.S.C. § 10 | rs; partnerships of w or more of their voti 11. Include payments | e who was an insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations |
| . Within Inside corporagent such a | n 1 year before ers include your rations of which , including one f as child support o es. List all payr n 1 year before ited an insider le payments on o es. List all payr | State you filed f relatives; a you are an for a busine and alimor ments to an you filed f debts guara ments that b | ZIP Code for bankruptcy iny general part officer, director ess you operate ny. insider. for bankruptcy anteed or cosig | ners; relatives o r, person in cont as a sole propri , did you make ned by an inside ider. | f any general partne rol, or owner of 20% etor. 11 U.S.C. § 10 | rs; partnerships of w or more of their votion. Include payments ansfer any property | e who was an insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations |
| Within Inside corporagent such a Within benefincted Within Part 4: Within List al | n 1 year before ers include your rations of which, including one f as child support o es. List all payr n 1 year before ited an insider le payments on o es. List all payr Identify L n 1 year before | State you filed f relatives; a you are an for a busine and alimor ments to an you filed f debts guara ments that b Legal Act you filed f including pe | ZIP Code for bankruptcy iny general part officer, director ess you operate iny. insider. for bankruptcy anteed or cosig benefited an ins tions, Repos for bankruptcy ersonal injury ca | ners; relatives or, person in control of the contro | f any general partne rol, or owner of 20% etor. 11 U.S.C. § 10 any payments or tr er. nd Foreclosures rty in any lawsuit, of | rs; partnerships of wi or more of their votion. Include payments ansfer any property | e who was an insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations |

| - - 1 | 4 | D. CLAW D. | |
|--------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| | tor 1 tor 2 | David Allen Bupp Jodi Lynn Bupp | Case number (if known) |
| 10. | seized, | 1 year before you filed for bankruptcy, was any of your property reported or levied? all that apply and fill in the details below. | essessed, foreclosed, garnished, attached, |
| | - | Go to line 11. Fill in the information below. | |
| 11. | | 90 days before you filed for bankruptcy, did any creditor, including a s from your accounts or refuse to make a payment because you owe | · · · · · · · · · · · · · · · · · · · |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 12. | | 1 year before you filed for bankruptcy, was any of your property in thrs, a court-appointed receiver, a custodian, or another official? | e possession of an assignee for the benefit of |
| | ✓ No ☐ Yes | | |
| Pa | art 5: | List Certain Gifts and Contributions | |
| 13. | Within | 2 years before you filed for bankruptcy, did you give any gifts with a | total value of more than \$600 per person? |
| | ✓ No ☐ Yes | . Fill in the details for each gift. | |
| 14. | | 2 years before you filed for bankruptcy, did you give any gifts or concharity? | tributions with a total value of more than \$600 |
| | ✓ No ☐ Yes | s. Fill in the details for each gift or contribution. | |
| Pa | art 6: | List Certain Losses | |
| 15. | | 1 year before you filed for bankruptcy or since you filed for bankrupt isaster, or gambling? | cy, did you lose anything because of theft, fire, |
| | ✓ No ☐ Yes | . Fill in the details. | |

| | otor 1 otor 2 | David Alle Jodi Lynn | |) | | _ Case number (if k | known) | |
|------------|------------------|-------------------------|-------------|------------------|---------------------------------------------------------------------------|---------------------------|---------------------------------------------|--------------------------|
| P | art 7: | List Cer | tain Pa | ayments or | Transfers | | | |
| 16. | | - | - | | otcy, did you or anyone else acti kruptcy or preparing a bankrupt | | or transfer any prop | erty to |
| | Include | any attorney | s, bankr | uptcy petition p | reparers, or credit counseling ager | ncies for services requir | red for your bankruptcy | <i>/</i> . |
| | □ No ☑ Ye | s. Fill in the o | details. | | | | | |
| | CESS (| COUNSELIN Was Paid | IG INC | | Description and value of any pro- | operty transferred | Date payment or transfer was made | Amount of payment |
| 633 Num | | I STREET, S | STE 26 | 001 | | | 12/19/22 | \$8.95 |
| LOS | S ANGE | ELES | CA | 90071 | | | | |
| City | | | State | ZIP Code | | | | |
| ma | il or webs | ite address | | | • | | | |
| ers | on Who N | Made the Payme | ent, if Not | You | • | | | |
| 7. | | - | - | | otcy, did you or anyone else acti rith your creditors or to make pa | • • • • • • | | erty to |
| | Do not | include any p | ayment | or transfer that | you listed on line 16. | | | |
| | ✓ No □ Ye | s. Fill in the o | details. | | | | | |
| 8. | | - | - | | uptcy, did you sell, trade, or othe se of your business or financial a | | pperty to anyone, oth | er than |
| | | _ | | | made as security (such as grantin ave already listed on this statemer | | or mortgage on your p | roperty). |
| | □ No ✓ Ye | s. Fill in the o | details. | | | | | |
| | | | | | Description and value of property transferred | received or del | roperty or payments ots paid in exchange | Date transfe was made |
| Pers | on Who F | Received Transf | er | | Sold guns | \$600 | | 5/22 |
| Num | iber St | reet | | | | | | |
| 2 | | | 0: | 710.0 | | | | |
| City | | -0 | State | ZIP Code | | | | |
| ers | son's rela | ationship to y | ou | | | | | |

| Debtor 1 Debtor 2 | David Allen Bupp Jodi Lynn Bupp | | Case number (if | known) | |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| • Person Who | Received Transfer | Description and value of property transferred Sold beds | • | property or payments ebts paid in exchange | Date transfer was made |
| Number S | treet | | | | |
| City | State ZIP Code | _ | | | |
| Person's re | elationship to you | | | | |
| you a ☑ N | n 10 years before you filed for bore a beneficiary? (These are of of the control | | | trust or similar device | of which |
| Part 8: | List Certain Financial | Accounts, Instruments, Sa | afe Deposit Boxes. ar | nd Storage Units | |
| benef Includ house | n 1 year before you filed for ban it, closed, sold, moved, or trans e checking, savings, money mark is, pension funds, cooperatives, a o es. Fill in the details. | ferred? et, or other financial accounts; ce | rtificates of deposit; shares | | |
| — Northwes | st Bank | Last 4 digits of account number | Type of account or instrument | was closed, | Last balance before closing or transfer |
| Name of Fina | ancial Institution | xxxx | ✓ Checking✓ Savings✓ Money market✓ Brokerage✓ Other | 6/2022 | \$0.00 |
| City | State ZIP Code | | _ | | |
| for se N Y 22. Have | es. Fill in the details. you stored property in a storage | ss? | | | |
| [V] | os. Till ill the details. | Who else has or had access to | it? Describe the o | contents | Do you still have it? |
| Storage S Name of Stor | | Name | Household g | poods, out of season | □ No ☑ Yes |
| Number S | itreet | Number Street | | | |
| City | State 7IP Code | City State 7IE | 2 Code | | |

Official Form 107

| | otor 1 otor 2 | David Allen Bupp Jodi Lynn Bupp | Case number (if known) | |
|-----|------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| P | art 9: | Identify Property You Hold or Control fo | r Someone Else | |
| 23. | | hold or control any property that someone else ow in trust for someone. | ns? Include any property you borrowed from, are storing for, | - |
| | ☑ No □ Yes | s. Fill in the details. | | |
| P | art 10: | Give Details About Environmental Inform | mation | |
| or | the purp | ose of Part 10, the following definitions apply: | | |
| ı | hazardou | • • • • | or regulation concerning pollution, contamination, releases of ir, land, soil, surface water, groundwater, or other medium, hese substances, wastes, or material. | |
| | | ns any location, facility, or property as defined und or used to own, operate, or utilize it, including dispo | er any environmental law, whether you now own, operate, or osal sites. | |
| | | us material means anything an environmental law c e, hazardous material, pollutant, contaminant, or s | lefines as a hazardous waste, hazardous substance, toxic milar item. | |
| Rep | ort all no | otices, releases, and proceedings that you know ab | out, regardless of when they occurred. | |
| 24. | Has any law? | y governmental unit notified you that you may be lia | able or potentially liable under or in violation of an environmental | |
| | ✓ No ☐ Yes | . Fill in the details. | | |
| 25. | ☑ No | ou notified any governmental unit of any release of . Fill in the details. | hazardous material? | |
| 26. | Have yo | ou been a party in any judicial or administrative pro | ceeding under any environmental law? Include settlements and | |
| | ✓ No ☐ Yes | . Fill in the details. | | |

| | otor 1 otor 2 | David Allen Bupp Jodi Lynn Bupp | (| Case number (if known) |
|-------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Р | art 11: | Give Details About Your Busine | ss or Connections to Any | Business |
| 27. | Within busine | 4 years before you filed for bankruptcy, d ss? | id you own a business or have | any of the following connections to any |
| | | A sole proprietor or self-employed in a trace A member of a limited liability company (LI A partner in a partnership An officer, director, or managing executive An owner of at least 5% of the voting or ec | C) or limited liability partnership of a corporation | |
| | <u> </u> | None of the above applies. Go to Part 12. Check all that apply above and fill in the control of | letails below for each business. | |
| 28. | | 2 years before you filed for bankruptcy, d ncial institutions, creditors, or other partic | | nt to anyone about your business? Include |
| | □ No | s. Fill in the details below. | | |
| Р | art 12: | Sign Below | | |
| that pro | t the ans | | hat making a false statement, c | and I declare under penalty of perjury oncealing property, or obtaining money or 0,000, or imprisonment for up to 20 years, |
| X / | /s/ Davi | d Allen Bupp | X /s/ Jodi Lynn Bupp | |
| Ī | David Al | en Bupp, Debtor 1 | Jodi Lynn Bupp, Debtor 2 | |
| I | Date _ | | Date | |
| Did | you atta | nch additional pages to Your Statement of | Financial Affairs for Individuals | s Filing for Bankruptcy (Official Form 107)? |
| | No Yes | | | |
| Did | you pay | or agree to pay someone who is not an a | ttorney to help you fill out bank | cruptcy forms? |
| _ | No Yes. Na | ame of person | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Debtor 1 David First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name Last Name United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA | Fill in this info | ormation to | identify your case: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------------------|-----------------|
| (Spouse, if filing) First Name Middle Name Last Name | Debtor 1 | | | |
| , J | | | | |
| United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA | | | | |
| | United States Bar | nkruptcy Court fo | or the: MIDDLE DIST. | OF PENNSYLVANIA |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

FOUNDATION FINANCE CO

3108 Sundial Road, Dover, PA

| ۱. | For any creditoring the fill in the information | erty (| Official Form 106D), | | | | |
|----|-----------------------------------------------------------|------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| | Identify the creditor and the property that is collateral | | What do you intend to do with the property that secures a debt? | | | Did you claim the property as exempt on Schedule C? | |
| | Creditor's name: | ALLY | | Surrender the property. Retain the property and redeem it. | | No Yes | |
| | Description of property securing debt: | 2015 Ford Mustang | ☑ | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | | | |
| | Creditor's name: | BEST EGG CORRESPONDENCE | | Surrender the property. Retain the property and redeem it. | | No Yes | |
| | Description of property securing debt: | 3108 Sundial Road, Dover, PA | | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | | | |

Official Form 108

Creditor's

Description of

securing debt:

name:

property

☐ Surrender the property.

Retain the property and redeem it.

Retain the property and enter into a

Retain the property and [explain]:

Reaffirmation Agreement.

Desc

No

| | id Allen Bupp Lynn Bupp | Case number (if known) | |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Identify the o | reditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's name: Description o property securing debt | · | ☐ Surrender the property. ☐ Retain the property and redeem it. ☑ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | □ No □ Yes |
| Creditor's name: | NORTHWEST BANK f 3108 Sundial Road, Dover, PA 17315 | Surrender the property. Retain the property and redeem it. Retain the property and enter into a | □ No □ Yes |
| property securing debt | | Reaffirmation Agreement. Retain the property and [explain]: | |
| Creditor's name: | SPS | Surrender the property. Retain the property and redeem it. | □ No □ Yes |
| Description or property securing debt | , , , , , , , , , , , , , , , , , , , , | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | |
| Creditor's name: | YORK COUNTY TAX CLAIM BUREAU | Surrender the property. Retain the property and redeem it. | □ No □ Yes |
| Description or property securing debt | , , | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | |
| For any unexpire | st Your Unexpired Personal Property d personal property lease that you listed in Stion below. Do not list real estate leases. Unay assume an unexpired personal property I | chedule G: Executory Contracts and Unexport expired leases are leases that are still in effort | ect; the lease period has not |
| Describe you | ır unexpired personal property leases | | Will this lease be assumed? |
| Lessor's nam Description o property: | | | □ No ☑ Yes |
| Part 3: Sig | gn Below | | |
| | of perjury, I declare that I have indicated my erty that is subject to an unexpired lease. | intention about any property of my estate th | nat secures a debt and |
| X /s/ David Alle David Allen Bu | | odi Lynn Bupp .ynn Bupp, Debtor 2 | |
| David Alleit Bu | Date | MM / DD / YYYY | |

Official Form 108

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| + | \$78 | filing fee administrative fee trustee surcharge |
|---|-------|-------------------------------------------------------|
| | \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| + | | filing fee administrative fee |
|---|---------|----------------------------------|
| | \$1,738 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee

+ \$78 administrative fee

\$278 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$78 administrative fee \$313 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.uscourts.gov/servicesforms/bankruptcy/credit-counseling-and-debtoreducation-courses.

In Alabama and North Carolina, go to:
http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF PENNSYLVANIA HARRISBURG DIVISION

IN RE: David Allen Bupp CASE NO

Jodi Lynn Bupp

CHAPTER 7

DISCLOSURE OF COMPENSATION UNDER 11 U.S.C. § 329 AND B.R. 2016(B)

Amount paid: \$1,500.00

Amount to be paid:

Property transferred to attorney: None

Collateral held by attorney: None

Source of compensation: Current wages

I certify that I am the attorney for the above named debtor, and that the compensation paid or agreed to be paid to me for services rendered or to be rendered on behalf of the Debtor in or in connection with a case under Title 11 of the United States Code, such payment or agreement having been made after one year before the date of filing of the petition, is as indicated above.

I further certify that the Debtor has been informed and has agreed that the compensation paid shall include the following legal services: (a) Post-petition conferences and communications with the Debtor; (b) Communications with creditors after the petition is filed; (c) Preparation of Petition and Schedules; (d) Attendance at 341 First Meeting and attendance at reaffirmation and/or confirmation hearings; (e) Preparation of routine motions.

Debtor's Counsel will record time spent on client's case and if the fees exceed the base fee, will file a fee application for additional compensation based on counsel's current hourly rate. Debtor hereby consents to Counsel's fee applications.

I have not agreed to share this compensation with any person other than members of the firm.

| Date | | /s/ David Allen Bupp | |
|---------------------|----------------------|----------------------|--|
| | | David Allen Bupp | |
| | | | |
| /s/ Dorothy L. Mott | | /s/ Jodi Lynn Bupp | |
| Dorothy L. Mott | Bar No. 43568 | Jodi Lynn Bupp | |

Mott & Gendron Law 125 State Street Harrisburg, PA 17101

Phone: (717) 232-6650 / Fax: (717) 232-0477

| Fill in this i | nformation to | dentify your case | : | | box only as direct n Form 122A-1Sup | |
|-----------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| Debtor 1 | David | Allen | Вирр | . | | |
| | First Name | Middle Name | Last Name | 1.There is | no presumption of abuse |). |
| Debtor 2 (Spouse, if filin | ng) First Name | Lynn Middle Name | Bupp Last Name | of abuse | ulation to determine if a papplies will be made und | der Chapter |
| United States | Bankruptcy Court fo | or the: MIDDLE DIST | . OF PENNSYLVANIA | 11 | est Calculation (Official I | |
| Case number (if known) | | | | | ns Test does not apply ned military service but it | |
| | | | | Check if the | nis is an amended filing | |
| Official For | m 122A-1 | | | | | |
| hapter 7 | Statement o | f Your Current | Monthly Income | | | 12/ |
| nilitary service 22A-1Supp) w | e, complete and file ith this form. | Statement of Exemp | ou do not have primarily cons tion from Presumption of Ab | | | |
| Part 1: | Calculate Your | Current Monthly I | ncome | | | |
| What is yo | ur marital and filin | g status? Check one | only. | | | |
| ☐ Not m | narried. Fill out Col | umn A, lines 2-11. | | | | |
| ✓ Marri | ed and your spous | e is filing with you. F | ill out both Columns A and B, | ines 2-11. | | |
| ☐ Marri | ed and your spous | e is NOT filing with yo | ou. You and your spouse are |) : | | |
| | • | | ot legally separated. Fill out be | | | |
| | leclare under penal | ty of perjury that you ar | d. Fill out Column A, lines 2-11 nd your spouse are legally sepa s that do not include evading t | arated under nonba | ankruptcy law that applie | s or that you |
| bankruptc August 31. in the resul | y case. 11 U.S.C. If the amount of you | § 101(10A). For examour monthly income varony income amount mor | ed from all sources, derived ple, if you are filing on Septem ied during the 6 months, add the than once. For example, if be have nothing to report for any | ber 15, the 6-mont ne income for all 6 oth spouses own the | h period would be March months and divide the to he same rental property, | 1 through otal by 6. Fil |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| | s wages, salary, tip payroll deductions). | os, bonuses, overtime | e, and commissions | \$5,471.39 | \$3,176.03 | |
| - | nd maintenance pa 3 is filled in. | ayments. Do not inclu | de payments from a spouse | \$0.00 | \$0.00 | |
| expenses regular cor your deper | of you or your departibutions from an understance, parents, and | l roommates. Include r | | \$0.00 | \$0.00 | |

on line 3.

Case number (if known)

Column A Debtor 1

Column B Debtor 2 or non-filing spouse

| 5. Net income from operating a business, profession, or fa | 5. | Net income from | operating a | a business. | profession. | or farm |
|------------------------------------------------------------|----|-----------------|-------------|-------------|-------------|---------|
|------------------------------------------------------------|----|-----------------|-------------|-------------|-------------|---------|

| | Debtor 1 | Debtor 2 | | | |
|---------------------------------------------------------|----------|----------|--------|--------|--------|
| Gross receipts (before all deductions) | \$0.00 | \$0.00 | | | |
| Ordinary and necessary operating - expenses | \$0.00 | \$0.00 | Сору | | |
| Net monthly income from a business, profession, or farm | \$0.00 | \$0.00 | here 🗕 | \$0.00 | \$0.00 |

Net income from rental and other real property

| | | Debtor 1 | Debtor 2 | | | |
|----|-------------------------------------------------------|----------|----------|--------|--------|--------|
| | Gross receipts (before all deductions) | \$0.00 | \$0.00 | | | |
| | Ordinary and necessary operating – expenses | \$0.00 | \$0.00 | Сору | | |
| | Net monthly income from rental or other real property | \$0.00 | \$0.00 | here → | \$0.00 | \$0.00 |
| 7. | Interest, dividends, and royalties | | | | \$0.00 | \$0.00 |

Interest, dividends, and royalties

8.

| Unemployment compensation | \$0.00 | \$0.00 |
|---------------------------|--------|--------|
| • | | |

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

| F | or you | \$0.00 | |
|---|----------------|--------|--|
| F | or your spouse | \$0.00 | |

- Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.
- 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

\$0.00

\$0.00

| | | Allen Bupp ynn Bupp | | Case number (if know | m) | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|------------------------------------------------------------------------------------|--|--|
| | Add lines 2 throu Then add the tot | total current monthly income. ugh 10 for each column. tal for Column A to the total for Colu rmine Whether the Means T | | Debtor 1 De | ebtor 2 or on-filing spouse \$3,176.03 = \$8,647.42 Total current monthly income | | |
| | | alculate your current monthly income for the year. Follow these steps: | | | | | |
| | - | ppy your total current monthly income from line 11 | | Copy line 1 | 1 here → 12a. \$8,647.42 | | |
| | | Multiply by 12 (the number of months in a year). | | | X 12 | | |
| | 12b. The result | | | | 12b. \$103,769.04 | | |
| 13. | Calculate the m | alculate the median family income that applies to you. Follow these steps: | | | | | |
| | Fill in the state in which you live. | | | | | | |
| | Fill in the number | er of people in your household. | 4 | | | | |
| | Fill in the media | n family income for your state and s | ize of household | | 13. \$113,037.00 | | |
| | To find a list of a | n the median family income for your state and size of household | | | | | |
| 14. How do the lines compare? | | | | | | | |
| | | 12b is less than or equal to line 13. o Part 3. Do NOT fill out or file Offic | | oox 1, There is no presu | mption of abuse. | | |
| 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presump</i> Go to Part 3 and fill out Form 122A-2. | | | | | s determined by Form 122A-2. | | |
| P | art 3: Sign | Below | | | | | |
| | By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. | | | | | | |
| χ /s/ David Allen Bupp χ /s/ Jodi Lynn Bupp | | | | | | | |
| | David Aller | Bupp, Debtor 1 | Jodi | Lynn Bupp, Debtor 2 | | | |
| DateDa | | | MM / DD / YYYY | | | | |
| If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form. | | | | | | | |
| | | | | | | | |
| | | | | | | | |